

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Stepping Stones Residential Care Limited
<b>Centre ID:</b>	OSV-0005419
<b>Centre county:</b>	Dublin 4
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Stepping Stones Residential Care Limited
<b>Provider Nominee:</b>	Steven Wrenn
<b>Lead inspector:</b>	Ciara McShane
<b>Support inspector(s):</b>	Helen Thompson (Day 1 only)
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	3

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
24 May 2016 10:00	24 May 2016 17:45
21 June 2016 10:00	21 June 2016 11:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection**

This was an announced inspection that was completed as a result of the Providers application to register the centre. It was the first inspection of this centre which was a new build. Two inspectors completed the inspection over one day. In addition, one inspector met with the recently recruited person in charge on a second day at the centre.

#### How we gathered our evidence

Inspectors met with the Director of Service and a quality assurance manager. As it was a new build there were no residents residing at the centre. As part of the inspection the inspectors spoke with the aforementioned staff, reviewed documents such as the centres' policies, the safety statement, proposed personal plans and the statement of purpose. The inspectors also completed a walk around of the premises.

#### Description of the service

The provider had produced a document called the statement of purpose, as required by the Regulations, which described the service provided. Inspectors found that the proposed service which would be provided was not entirely in line with the statement of purpose. The statement of purpose also stated it could accommodate for three residents however, the inspectors found it would initially be only suitable for two residents.

The centre was a semi-detached residence located to a nearby busy village. The village was within walking distance and public transport was also widely available within short walking distance of the centre. In addition the centre had use of their own vehicle. It was a four bedded house with the intention to use one bedroom as a staff room.

#### Overall findings

Overall inspectors found the proposed plans in place were sufficient to support residents with their daily lives and afford them opportunities to maximise their development. The provider had proposed systems in place to govern and manage the centre.

#### Summary of regulatory compliance

All 18 outcomes were inspected against. For the most part the provider had put appropriate systems in place to ensure the regulations were being met.

The inspectors found compliance in twelve of the eighteen outcomes with a particular positive focus on the intended behaviour support. Three outcomes were found to be substantially compliant, two were found to be off moderate non compliance with health, safety and risk management being a major non compliance. Improvements were required in relation to risk management and the systems in place to contain fire and evacuate should there be a fire. Other areas for improvement included the premises and a review of the centres' policies and procedures and the statement of purpose to ensure they were specific to the needs of the centre.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors observed that the designated centre had proposed systems and processes in place to ensure residents' rights, dignity and individuality was supported.

The inspectors noted that the resident who has recently commenced their transition process to the centre was involved in decisions regarding the decorating of their room and communal areas. The person in charge and person involved in management highlighted their intention to continue to consult with this resident.

Information on residents' rights and advocacy services was available on a communal notice board. The management team displayed an awareness, knowledge and understanding of supporting residents' rights in this centre.

The centre had a policy for the management of complaints with an accessible version available for residents. A nominated person was identified as a complaints officer for the centre. Inspectors reviewed a sample complaints log which was compliant with all the regulatory requirements.

The centre had a policy for residents' personal property, finances and personal possessions. It is planned that each resident in this centre will have their own bedroom with an en-suite bathroom. The resident will hold the key of their room. An individual safe was available in each room for the residents' valuables with adequate storage for personal possessions. Laundry facilities were available for residents also.

The inspectors observed that the management team had a clear understanding of a resident's need to participate in activities and pursue interests that are meaningful for them. Many examples of local amenities and options were highlighted by staff during interview.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors were satisfied that the designated centre had systems and processes in place to ensure the communication needs of incoming residents would be met.

The centre had policies on communication with residents. The inspectors were informed of the residents' referral pathway for speech and language therapy support if required. A sample personal planning folder for residents was viewed which had a section to assess and plan their required communication supports. The inspectors noted that a large number of the personal planning documentation was present in an accessible format for residents, these included intimate care plans, health action plans and fire related information.

The inspectors observed the usage of visual schedules for a resident who has recently commenced their transition process to this centre.

Residents in this centre will have access to phones, televisions and computers with internet access. The inspectors were informed of plans to support a resident to use the computer for communicating with their family. An internet safety leaflet was observed on kitchen board. Information on local amenities and events was displayed in the centre.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors observed that the designated centre had systems and processes proposed to ensure that residents would be supported to maintain and develop personal, family and relationships with the wider community.

The centre had a policy in relation to visitors and the residents' guide highlighted that the residents' choice is supported for visitors, with the need for privacy also acknowledged.

The inspectors noted the proposed resident's family were involved in the transition process. There are plans proposed to support the resident in using the phone and computer to maintain contact with their family.

The provider informed the inspectors of the centre's commitment to accessing and forging links for residents with neighbours and in the local community.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre had policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

The inspectors reviewed the transition plan for a proposed new resident and found it was in line with the centres' policies and procedures. An admissions folder had been developed for the resident and contained a pre admissions checklist that identified, at a high level, the residents needs regarding communication, medication and community access amongst other areas. The admissions folder also contained the transition plan for the intended resident. The transition plan identified key people in terms of the transition and also detailed meetings that had taken place in relation to the transition in addition to a log of dates the intended resident had visited the centre. The provider was aware of their responsibility under the regulations to complete an assessment of needs once residents were admitted.

The inspectors reviewed a proposed contract of care that would be issued to the residents. The inspectors found that the agreement set out the services to be provided. For example, multidisciplinary support where required. Arrangements regarding additional charges were outlined in the contract and the arrangements were also verbally confirmed by the provider.

**Judgment:**  
Compliant

#### **Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**  
Effective Services

#### **Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

#### **Findings:**

The inspector reviewed the proposed personal plan that would be completed for each resident no later than 28 days after admission.

The inspector reviewed the proposed personal plan and found that it outlined relevant areas including, but not limited to, needs assessments, weekly reports, risk assessments and relative operating procedures, communication passport, education plan and daily living. The plan allowed for the identification of short and long term goals and the actions to accompany same. Residents' healthcare needs were also assessed and maintained within a healthcare folder as outlined in Outcome 11.



The provider was aware of their responsibility to maintain personal plans under the regulations and was also aware of the need to review and update personal plans where necessary. The proposed personal plan was complete with a section that allowed for staff to support residents in reviewing their needs. The centre had access to multidisciplinary support who could be engaged with where required.

**Judgment:**  
Compliant

#### **Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**  
Effective Services

#### **Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

#### **Findings:**

The inspectors found the premises to be a modern building which for the most part was well decorated. The centre was within further walking distance of a nearby village and was near to public transport. There was also adequate footpaths that residents could safely use to access nearby vicinities such as shops, coffee shops, bar and restaurants.

The centre itself was near a busy road and there were gates at the entrance. The centre consisted of four bedrooms, three of which were double and complete with en suites. It was intended that the single bedroom would be used for a staff sleepover room. The inspectors found there was suitable storage for residents to store their belongings. There was also an additional bathroom on the first floor that was complete with a bath. On the ground floor there was one lounge room that was equipped with seating for four persons. There was a kitchen come dining area with three armchairs located in front of a television. There was a small toilet with a small storage area that housed the washing machine and a condenser dryer. The back garden was found to be well maintained and finished with false grass and bedding plants. There was an office at the end of the garden that securely stored documentation such as residents files, policies and procedures. Additional storage in the ground floor of the centre had been identified for housing medication.

In terms of the maintenance of the centre the inspectors identified a number of areas that required repairing. A small number of these had also been identified by the provider. The areas that required improvements included:

- The fence at the back of the centre required repairing.
- The ceiling in the kitchen required repainting.

- A number of fixtures and fittings such as spotlight fittings and wall switches throughout the centre had paint on them.
- A number of floor tiles in the kitchen were cracked with some of them crumbling.
- High dusting was required.
- Deep cleaning was required, in particular the en suites and washrooms.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were policies and procedures in place for health and safety and risk management. There were some controls in place to mitigate the risks relating to fire however, further improvements were required. Further improvements were also required in relation to the identification of risks and the maintenance of a safety statement and risk register that were centre specific. The inspector completed a second day of inspecting three weeks after the first day to meet with the recently recruited person in charge. During this inspection the inspector made observations in relation to works that had been completed relating to fire.

The inspectors found the provider had taken precautions against the risk of fire. For example, there were fire extinguishers, emergency lighting, a fire blanket in the kitchen, break glass units, smoke detectors and an integrated fire alarm system. The inspectors also found there were fire doors, for the most part, throughout the centre. However, a bedroom and a store cupboard (hot-press) were not complete with intumescent strips. Post inspection these were fitted, the inspector observed these on day two of the inspection. In addition, the inspectors observed a significant gap between the floor and the base of the door between the kitchen and the hallway. This did not provide assurances that fire could be contained. In addition to this, should there be a fire in the hallway, and it travelled through to the kitchen there was no exit point in the garden as it was an enclosed area. As observed by the inspector, on the second day of inspection an additional plinth was placed at the bottom of the door frame to contain smoke and mitigate this risk.

Further improvements regarding fire safety were identified. For example, there was no risk assessment completed for fire. Also the evacuation plan was not centre specific as it referenced a door leading off the utility room as an exit point. This was not reflective of the actual layout of the centre.

There were policies and procedures in place for risk management and emergency planning. The centre had a health and safety statement complete with a risk register and some risk assessments had also been completed. From a review of the risk register and the safety statement in general, the inspectors found that it was not centre specific and all risks had not been identified. For example, an identified risk in relation to access to the rear of the premises had not been appropriately addressed. The safety statement and risk management policy also failed to identify in detail measures to safeguard visitors, staff and residents from accidental injury. Risk assessments, that had been completed, failed to outline robust control measures to mitigate risks. For example, the control measure of a 'standing operating procedure (SOP)' had been identified for a number of risks but no reference as to where this was or what the SOP was in relation to had been expanded on.

The inspectors observed colour coded chopping boards placed in the kitchen and there were also colour coded mops and buckets in terms of infection control.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors found there was a policy on, and procedures in place for, the prevention, detection and response to abuse. The policy for safeguarding vulnerable adults was dated March 2016 and detailed the role of the designated liaison person for abuse locally as the person in charge. Policies were also in place in relation to supporting residents with behaviours that challenge and the use of restraint.

The provider had identified training dates for the proposed staff in relation to safeguarding of vulnerable adults. The provider also stated that management of actual or potential aggression (MAPA) was mandatory training for staff and that new staff would be unskilled in this area. The centre had strong links in terms of behavioural support. The provider has two behavioural analysis and a clinical psychologist employed

which were available to residents as part of their service provision should it be required.

The provider outlined their intention to keep residents safe and told the inspectors that initially when the proposed resident group moved in there would be a waking night staff and sleepover staff. The provider also stated that Any abuse or allegations of abuse would be investigated in line with the centres policy and where necessary appropriate stakeholders notified. The person in charge was aware of their obligations under the Health Care Act 2007 as amended to report any actual or allegation of abuse.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors were satisfied that the designated centre had robust systems and plans to ensure that incidents would be reported, recorded and notified as required to the chief inspector.

On interview staff displayed a good knowledge and understanding of the notification regulatory requirements. The inspectors viewed a template notifications folder that was designed to assist the person in charge and staff members in fulfilling their responsibilities.

The inspectors noted that the notification requirements were also integrated into other centre documents, these included the risk register and emergency plan.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors observed that the management team in this designated centre had an understanding of the importance of facilitating residents with opportunities for new experiences and personal development.

The centre had a policy on access to education, training and development. The residents' personal planning folder included an educational plan. The inspectors noted that plans for further education were being supported and implemented with the resident who had recently commenced their transition process to the designated centre.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge had proposed systems in place to ensure the healthcare needs of residents were assessed, reviewed and met.

As outlined in outcome 5, the centre had developed a personal plan template that would be populated for each resident. This allowed for residents' assessed care needs to be evaluated in addition to the implementation of a plan of care.

The inspectors were assured that the proposed residents would have sufficient and timely access to healthcare professionals. The person in charge had identified a number of potential general practitioners in the locality that residents may wish to choose from.

They were also aware of nearby medical facilities should this be required.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were written operational policies relating to ordering, prescribing, storing and administration of medicines to residents. The proposed processes for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Improvements were identified in relation to the centres' medication policy. The policy failed to outline arrangements for the disposal of medication. The policy also failed to fully detail the arrangements for staff administering medication in terms of training. As a result of this it was ambiguous as to whether only staff trained in the safe administration of medication could administer same. This is further outlined in outcome 18.

The inspectors were told that proposed staff working at the centre would be trained in the safe administration of medication. The inspectors read, in the transition plan for a resident, they had epilepsy and were prescribed buccalom. The provider told the inspectors staff would be trained in the administration of buccal midazolam.

There was a separate storage area for the safe storage of medication. Each resident would be assigned a locked safe for medication in addition to an overflow medication cabinet should it be required. The person in charge had made links with a local supplier regarding the possible supply of medication in blister pack form. The provider had plans in place to complete medication audits and the inspector reviewed the proposed template for this.

**Judgment:**

Substantially Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider submitted a statement of purpose with their application to register. The statement of purpose was dated 26 February 2016. The inspectors from a review of the statement of purpose found that it was not in line with the requirements of the regulations as outlined in Schedule 1. For example:

- The statement of purpose was not entirely centre specific. For example references were made to a provision of respite services and emergency relocation facilities were not reflective of those outlined in the centre, as read on the day of inspection.
- The statement of purpose made multiple references to the provision of services to residents with Autistic Spectrum Disorders which was not reflective of the centres' proposed plans.
- The actual staffing arrangements were not outlined in the statement of purpose.
- The statement of purpose failed to clearly identify the type of resident group they intended to provide a service to. For example, complex behaviours were not outlined.
- The fire precautions were not fully outlined. For example, the use of emergency equipment or evacuation procedures were not highlighted.
- The statement of purpose references a site specific safety statement, the inspectors found the safety statement was not site specific.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had proposed arrangements in place in relation to the governance and management of the centre.

The provider consisted of three company directors, one of whom was the Director of Service and had been put forward to represent the company for the purpose of regulation. The provider also employed a quality and assurance manager who had remit for all the providers' centres. At the time of inspection the Director of Service had been identified as the person in charge. However, post inspection a person in charge had been recruited. The inspectors met with the recently recruited person in charge. The person in charge had relevant qualifications and experience to the type of service being delivered. The person in charge had previously worked in a management capacity. The inspector found the person in charge was not aware of her responsibilities as defined under the Regulations.

A Board was not in place however, the provider stated this was something they were thinking off.

The provider was aware of their responsibility to complete an annual review of the quality and safety of care in addition to six monthly unannounced visits. There was a proposed audit schedule in place to ensure oversight and accountability. The proposed audits included areas such as medication management, training and personal plans. The provider proposed the quality and assurance manager would complete these functions.

The provider had a proposed on-call system in place that was being used, at the time of inspection, for other designated centres. The provider proposed there would be an on-call roster that would be rotated on a weekly basis by their persons in charge. The person on call was backed up by a team of directors should further support be required.

The provider had proposed arrangements in place to support, develop and performance manage all proposed members of the workforce.



**Judgment:**  
Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had proposed arrangements in place for the absence of the person in charge. The management team were aware of the correlating notification requirements for this situation.

**Judgment:**  
Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

From discussion with the current person in charge and person involved in management the inspectors were satisfied that sufficient resources would be provided to facilitate residents in achieving their individual personal plans.

The facilities and services available to residents were in keeping with the centre's statement of purpose.

**Judgment:**  
Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

A proposed roster had been developed which was reviewed by the inspector. It was proposed that three staff would be on duty to meet the needs of the proposed resident they had identified. Staffing levels for the proposed resident entailed a social care worker working from 08:00hours sleepover to 08:00hours the following day. It was also proposed a waking night staff commenced at 18:00hours to 08:00hours. It was proposed the person in charge would work, full-time, Monday to Friday 10:00hours to 18:00hours. The provider told the inspectors this was the proposed roster for the initial transition period for one resident.

It was proposed the person in charge would have direct supervisory responsibilities for the social care workers and there was a plan to hold a monthly staff meeting. There was also a plan to ensure staff had an annual review with the person in charge. In addition it was proposed that the person in charge would meet with the director of service formally each week.

The provider told the inspectors they would develop a training plan for the proposed staff. The inspectors found that all training needs had not been identified at the time of inspection such as the administration of buccal midazolam. In addition dates for mandatory training for the proposed staff were also unavailable on the day of inspection. These were emailed to the inspector post inspection.

The inspector reviewed the information and documents to be obtained in respect of staff employed in the centre. The inspector found there was a file for each proposed staff. However, some gaps were identified. Garda clearance was not in place for all staff and there were some files with unexplained gaps in their employment history. For some of the staff files there were notes of a phone reference been obtained, however as required by the Regulations there was an absence of written references for some staff. The provider was themselves aware of the outstanding information.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors reviewed the Schedule 5 policies and procedures for the designated centre and observed that all, as required by the regulations, were present and in date. Records as outlined in Schedule 4 were also available in the centre. These included a residents' guide, statement of purpose and staff roster.

However inspectors noted that not all documentation was centre specific. This included the centre's safety statement, the emergency plan and references were made in policy documents to supporting children and adults.

The medication policy also failed to fully detail the arrangements for staff administering medication in terms of training. As a result of this it was ambiguous as to whether only staff trained in the safe administration of medication could administer same.

**Judgment:**

Substantially Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Ciara McShane  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Stepping Stones Residential Care Limited
<b>Centre ID:</b>	OSV-0005419
<b>Date of Inspection:</b>	24 May 2016
<b>Date of response:</b>	10 July 2016

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

As outlined in the body of the report a number of areas required repair.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**1. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**

- Repairs to the property as detailed in the report are being carried out by the Maintenance Team.

**Proposed Timescale:** 29/07/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

As outlined in the body of the report a number of areas required further cleaning.

**2. Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**

- Cleaning of the property as detailed in the report are being carried out

**Proposed Timescale:** 29/07/2016

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy failed to identify all measure and actions in place to control accidental injury to residents, visitors and staff.

**3. Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**

- The risk management policy has been reviewed by the Director of Service and will be updated to include the measures and actions in place to control accidental injury to residents, visitors or staff.

**Proposed Timescale:** 01/07/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

As outlined in the body of the report a number of risks in the centre had not been identified, including but not limited to, risk of fire and the risk in relation to access to the rear of the premises.

**4. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**

- The Person in Charge and Director of Service are undertaking a review of all risk in the centre
- The risk register, risk control measures and standard operating procedures will be updated following this review

**Proposed Timescale:** 29/07/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The evacuation plan was not centre specific and referenced areas of the building that were not reflective of the actual premises.

**5. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**

- A comprehensive review of the Safety Statement for the Centre will be completed
- Adequate arrangements for the evacuation of all person in the centre will be outlined in the updated statement

**Proposed Timescale:** 29/07/2016

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Arrangements for the disposal of medication were not outlined in the centres' medication policy.

**6. Action Required:**

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

**Please state the actions you have taken or are planning to take:**

- The medication policy has been updated to include arrangements for the disposal of medication

**Proposed Timescale:** 30/06/2016

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

As outlined in the body of the report, amendments to the statement of purpose were required to ensure it complied with the details of Schedule 1 and accurately reflected the service provided.

**7. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

- The statement of purpose has been amended to ensure it reflects the actual service provided

**Proposed Timescale:** 30/06/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

As outlined in the body of the report information as outlined in Schedule 2 was not present for all staff.



**8. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**

- Information and documents required under Schedule 2 is being collected for all staff

**Proposed Timescale:** 22/07/2016

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

All training for staff had not been identified at the time of inspection. For example, training in the administration of buccal midazolam.

**9. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**

- The Person in Charge has undertaken an audit of all required training and has detailed which training is mandatory for staff.
- Staff training will be completed in phases following recruitment:  
Staff recruited in June and early July will have required training by August 5th.  
Staff recruited in late July and August will have required training by September 16th.

**Proposed Timescale:** 16/09/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

As outlined in the body of the report improvements were required in relation to policy documents:

- 1) A number of policies were found not centre specific
- 2) The centres' medication policy did not reflect all aspects of the actual practice.

**10. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

- All policies have been reviewed and are now centre specific
- The medication policy has been reviewed to ensure that it accurately reflects all aspects of practice.

**Proposed Timescale:** 30/06/2016